

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application☐ Supplemental (37 C.F.R. §1.67)

As a named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 2 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR TEMPORARY MUTING OF SMOKE ALARMS

the specification of which (check one)

- ☒ is attached hereto.
- ☐ was filed on [] as United States Application Number [].
- ☐ was filed on [] as PCT International Application No. [].
- ☐ and was amended on [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 or 365 of any foreign application(s) for patent or inventor's certificate, or of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

| <u>Prior Foreign Application(s)</u> | | | Priority Not Claimed | Certified Copy Filed? | |
|-------------------------------------|--------------------|---------------------------------|----------------------------|--------------------------|-----|
| | | | | YES | NO |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | [] | [] | [] |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | [] | [] | [] |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | [] | [] | [] |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or

first inventor David P. Peckham

Inventor's Signature

Date 7-31-03

Residence 280 Ingham Hill Road

Old Saybrook, Connecticut 06475

Citizenship USA

Mailing Address same as above

Full name of second joint

inventor, if any John D. Della Morte, Jr.

Inventor's Signature

Date 7-31-03

Residence 221 Old Main Street

Sandwich, Massachusetts 02563

Citizenship USA

Mailing Address same as above

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.27(a)--PERSON

DOCKET NUMBER: 3573.1000-000

Applicant or Patentee: David P. Peckham and John O. Della Morte, Jr.

Application or Patent No.: _____

Filed or Issued: _____

Title: METHOD AND APPARATUS FOR TEMPORARY MUTING OF SMOKE ALARMS

I hereby state that I qualify as a person as defined in 37 CFR 1.27(a)(1) for purposes of paying reduced fees to the Patent and Trademark Office described in:

☒ the specification filed herewith with title as listed above.

☐ the application identified above.

☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to one or more parties who would not qualify as a person under 37 CFR 1.27(a)(1) or to any concern which would not qualify as a small business concern under 37 CFR 1.27(a)(2) or a nonprofit organization under 37 CFR 1.27(a)(3).

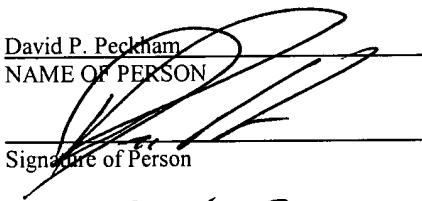
Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

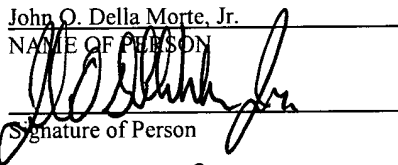
☒ no such person, concern, or organization exists.

☐ each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities.

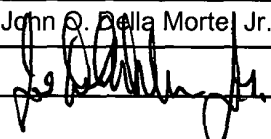
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.27(g)(2))

David P. Peckham
NAME OF PERSON

Signature of Person
7-31-03
Date

John O. Della Morte, Jr.
NAME OF PERSON

Signature of Person
7-31-03
Date

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

| | | |
|---|---|------------------|
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT AND CORRESPONDENCE ADDRESS | <i>Application Number</i> | |
| | <i>Filing Date</i> | |
| | <i>First Named Inventor</i> | David P. Peckham |
| | <i>Confirmation Number</i> | |
| | <i>Group Art Unit</i> | |
| | <i>Examiner Name</i> | |
| | <i>Attorney Docket Number</i> | 3573.1000-000 |
| <i>Title</i> | METHOD AND APPARATUS FOR TEMPORARY MUTING OF SMOKE ALARMS | |

| | |
|---|---|
| I/We hereby appoint <input checked="" type="checkbox"/> the attorneys/agents associated with Customer No. 021005 <input type="checkbox"/> Practitioner(s) named below: <hr/> | |
| as my/our attorneys/agents to prosecute the application identified above, including any continuation or divisional applications thereof, and to transact all business in the United States Patent and Trademark Office connected therewith. | |
| The correspondence address for the above-identified application is: <input checked="" type="checkbox"/> Customer Number 021005 Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133 <input type="checkbox"/> Other _____ | |
| Please direct all telephone calls and facsimiles to: Name <u>Mary Lou Wakimura</u> Tel. No. <u>978-341-0036</u> Fax No. <u>978-341-0136</u> | |
| I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Authorized representative of the Assignee, [], of the entire interest. See 37 C.F.R. § 3.71. A Statement under 37 C.F.R. § 3.73(b) is enclosed. <input type="checkbox"/> Authorized representative of the Assignee, [], together with [], of the entire interest. A Statement under 37 C.F.R. § 3.73(b) is enclosed. | |
| SIGNATURE of Applicant or Assignee of Record | |
| Name & Title | John D. Della Morte Jr. - Applicant |
| Signature |  |
| Date | 7-31-03 |

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

| | | |
|---|---|------------------|
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT AND CORRESPONDENCE ADDRESS | <i>Application Number</i> | |
| | <i>Filing Date</i> | |
| | <i>First Named Inventor</i> | David P. Peckham |
| | <i>Confirmation Number</i> | |
| | <i>Group Art Unit</i> | |
| | <i>Examiner Name</i> | |
| | <i>Attorney Docket Number</i> | 3573.1000-000 |
| <i>Title</i> | METHOD AND APPARATUS FOR TEMPORARY MUTING OF SMOKE ALARMS | |

I/We hereby appoint

☒ the attorneys/agents associated with **Customer No. 021005**

☐ Practitioner(s) named below:

as my/our attorneys/agents to prosecute the application identified above, including any continuation or divisional applications thereof, and to transact all business in the United States Patent and Trademark Office connected therewith.

The correspondence address for the above-identified application is:

☒ Customer Number 021005

Hamilton, Brook, Smith & Reynolds, P.C.

530 Virginia Road

P.O. Box 9133

Concord, Massachusetts 01742-9133

☐ Other _____

Please direct all telephone calls and facsimiles to:

Name Mary Lou Wakimura Tel. No. 978-341-0036 Fax No. 978-341-0136

I am the:

☒ Applicant/Inventor.

☐ Authorized representative of the Assignee, [], of the entire interest. See 37 C.F.R. § 3.71. A Statement under 37 C.F.R. § 3.73(b) is enclosed.

☐ Authorized representative of the Assignee, [], together with [], of the entire interest. A Statement under 37 C.F.R. § 3.73(b) is enclosed.

SIGNATURE of Applicant or Assignee of Record

Name & Title David P. Peckham - Applicant

Signature _____

Date 7-31-07